at present is, that, if it fulfil the promise its appearance holds out, it will be a most valuable addition to our stock for craniotomy operations.—*Dublin Medical Press*, June 20th, 1849.

49. *Case of Uterus Bicornis.* By Dr. Generali.—The following case long excited great interest at Modena, being believed to be an undoubted one of superfœtation, an opinion indeed, which the subsequent post-mortem examination does not entirely set aside. Gaetena Boratti had borne six children, all at their full time (the hand having to be introduced for the removal of the placenta on each occasion), and was delivered of her seventh, a full-timed vigorous infant, on the 15th February, 1817, the placenta on this occasion being spontaneously discharged. The pains ceased, but the abdomen still remained large, and the movements of another fœtus were perceived. The tumour was confined to one side of the abdomen; and before the birth of the first child, a furrow along the median line seemed to separate the tumefaction into two parts. On the 14th March, a second well-formed child was born. The first child lived 45, the second 52 days. In 1822, she had another child at full time. In 1847, she died of apoplexy, and the uterus, normal in respect to its os and cervix, was found to be bicornuated at its fundus, a Fallopian tube being inserted into each of its cavities. The preparation is preserved in the museum at Modena.—*Brit. and For. Med.-Chirurg. Rev.*, from *Bulletin delle Scienze Mediche*, vol. xiii. p. 89.

50. *Extra-uterine Fœtation—Gastrotomy.*—The particulars of this remarkable case, were related by M. Tueffard to the French Academy of Medicine.

The patient, a little thin woman, æt. 40, had been pregnant five times previously to the present illness; of these pregnancies, four ended in premature labour at seven months; the fifth arrived at full term. The extra-uterine was the sixth pregnancy. The fœtal movements were very perceptible up to the sixth month, when, after exertion, the patient felt the child suddenly start up towards the left hypochondrium, and then fall back again in the iliac region of the same side. She had, at the same time, violent abdominal pain and considerable hemorrhage. From this time the fœtus ceased to move, and the body diminished in size. Her symptoms afterwards were frequent and copious hemorrhages of periodical occurrence; in the intervals, excessive abdominal pain. When seen by the author, these symptoms had continued for six months. He discovered a tumour above the right groin, in which it was easy to perceive the form of the fœtus. The os uteri was healthy and closed, the cervix of its natural size, and the whole organ was movable. The patient being very anxious for an operation, after the inhalation of ether, the author made an incision over the tumour, in a direction parallel to the linea alba. After dividing the skin, muscles, and peritoneum, he came upon a whitish membrane, forming a cyst, and containing a matter very similar to adipocire; below this was another cyst, which contained the limbs and trunk of a fœtus, the head and upper extremities having escaped into the general cavity of the peritoneum, to which they had contracted firm adhesions. Further examination showed that the fundus of the uterus was destroyed, the cyst containing adipocire being closely adherent to, and forming one cavity with the uterus; the cysts were removed, and the abdominal incision closed by interrupted suture. As the vagina communicated directly with the peritoneal cavity, it was not necessary to insert a tent into the lower part of the incision, the discharges being enabled to drain off *per vias naturales*. The subject of this extraordinary case is said to have perfectly recovered.—*Ranking's Abstract*, vol. ix.

51. *Retroversion of Uterus during Pregnancy.*—M. Van Heugel relates a case in which spontaneous reposition of the uterus took place, after emptying the rectum and colon of an immense quantity of impacted fæces.

A young woman, three months advanced in pregnancy, experienced great difficulty in making water, with pain in the abdomen. On examination, the os uteri was found under the pubes, and the fundus projected upon the sacrum, and depressed into its hollow. The urine was drawn off, and a large enema was exhibited by means of a tube, which was passed up to the sigmoid flexure;

an enormous quantity of scybalæ were thus removed, and, upon a subsequent examination, it was found that tho fundus had resumed its natural situation.—*Ranking's Abstract*, vol. ix., from *Revue Méd.-Chirurg.*, Sept., 1848.

52. *Apparent Intra-Uterine Amputation.*—Dr. Ludwig Melicher, in the *Oesterreichische Medicinische Wochenschrift*, for April, 1848, relates the following interesting case: Joseph G——., 12 years of age, a pupil in the Imperial Grammar School, born of healthy parents, was the fourth child, and one of seven brothers and sisters, all born healthy, and well made. His mother states that she suffered no accident of any kind during her pregnancy with this child. He had always been healthy, with the exception of an attack of typhus three years ago. He is well formed for his age, his limbs of average proportions, except the left upper extremity, which presents the following unusual appearance—viz., a congenital entire deficiency of the lower two-thirds of the left forearm and hand. It appears at first sight as if amputation had been performed, but that such is not the case is evident from the presence of five little rounded elevations on the end of the stump, representing the fingers; one of them the size of a small pea, and furnished with a rudimentary nail, was separated from the others by a deep line, and corresponded to the thumb; the rudimentary fingers are about the size of hemp-seeds; they are soft, and contain neither cartilage nor bone. When the stump is bent, they become very distinct. On the internal and on the external borders of the stump, close to those elevations, are two funnel-shaped depressions. The stump itself has the appearance of a nine-pin flattened, its base at the elbow-joint measuring two inches; its apex is one inch and a half in width; its length is two inches and three-quarters. It is soft and spongy to the touch, as if padded with fat, and, on closely examining it, two bones may be distinctly felt; one corresponding to the radius, the other to the ulna. The elbow-joint is normal. The internal and external condyle, and also the olecranon, can be distinguished. Flexion and extension of the stump of the forearm are perfect, but pro and supination cannot be freely performed.

Through the unnatural mobility of the shoulder-joint, circumduction of the flexed or extended stump is rapidly performed, and by these means he is enabled to assist himself, and perform therewith the most varied actions;—*e. g.* he can by its employment withdraw the bolt of a door, and open it; he inserts the flexed stump into the handle of a basket, and readily moves it. The stump possesses in this manner considerable strength, so that he can drag along heavy weights. In cutting paper he holds down the paper with the bent stump, while he cuts it with the knife held in the hand of the other arm. He holds the paper in a similar way while writing; he can tie a knot, put on his cravat, and dress himself without any other assistance. He can even mend a pen without difficulty; holding the feather end in the bend of the elbow, and cutting the quill with the hand. He further aids the stump by the use of the shoulder-joint and knee. Thus he in many ways compensates for this unfortunate deficiency.

Dr. Melicher very justly regards the preceding deformity as an arrest of development, and as confirmatory of the theory of the centrifugal growth of parts. He refers to the reports of similar deformities by various authors, accompanied with defects of other limbs or organs: and he gives, with engravings of the preceding case, a drawing of a case which he saw in Vienna, where the forearm was replaced by three fingers. The child died at the age of three months, of hydrocephalus acutus. On examination of the arm, it was found that the biceps was divided at the elbow into three strips, which moved the fingers anteriorly; posteriorly they were moved by prolongations of the triceps.

A reference to the recorded observations of authors leads Dr. Melicher to divide cases of intra-uterine amputation into (1) the real, and (2) the apparent.

1. The cases of *real* intra-uterine amputation may again be divided into perfect and imperfect. Perfect intra-uterine amputation has been traced either to entanglement of the limbs with the umbilical cord, or to inflammation and sphacelus of the limb or limbs. Imperfect amputation may arise from a similar entanglement of the cord, cutting into, but not dividing the member; and under these circumstances inflammation may be set up, producing deformity, or end-